

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - <u>B155</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004 |
| 3. Name and address of person filing. Name <u>James</u> <u>K</u> <u>Ledford</u> P.O. Box, Bldg., Room No., if any Street <u>35015 Stevens Blvd</u> City <u>Eastlake</u> State <u>Ohio</u> ZIP Code +4 <u>44095</u> | 4. Name, file number, and address of labor organization. Name <u>IUE-CWA Industrial Division</u> Labor Organization File Number <u>000-188</u> P.O. Box, Building and Room Number, if any Street <u>501 Third Street N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code +4 <u>20001-2797</u> |
| 5. Position in labor organization. <u>Staff Rep.</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <u>LOCKHEED MARTIN</u> Trade Name, if any: <u>NAVAL ELECTRONICS & SURVEILLANCE</u> P.O. Box, Bldg., Room No., if any <u>Bldg. 108-112 P.O. Box 1027</u> Street <u>199 Borton Landing Road</u> City <u>Moorestown</u> State <u>New Jersey</u> ZIP Code +4 <u>08057-0927</u> | 7.a. Nature of Interest, Transaction, or Income. <u>3/7/2004 Introduction a new Staff Rep (myself, James Ledford) to Tom Spairs, Human relation Mgr at Lockheed Martin. Meeting attended by Tom Spair, Vinny Vines, Myself and Spouse Susan Ledford. Cost was \$66.00 per person</u> 7.b. Amount <u>\$122</u> |

Signature

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| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| Signed <u>[Signature]</u> | On <u>8-12-05</u> <u>440-382-3369</u> Date Telephone Number |

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For Official Use Only

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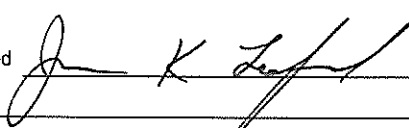
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| 1. File Number U - <input type="text"/> | 2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / <input type="text"/> 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004 |
| 3. Name and address of person filing. Name <input type="text"/> James <input type="text"/> K <input type="text"/> Ledford P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 35015 Stevens Blvd City <input type="text"/> Eastlake State <input type="text"/> Ohio ZIP Code + 4 <input type="text"/> 44095 | 4. Name, file number, and address of labor organization. Name <input type="text"/> IUE-CWA Industrial Division Labor Organization File Number <input type="text"/> 000-188 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 501 Third Street N.W. City <input type="text"/> Washington State <input type="text"/> District of Columbia ZIP Code + 4 <input type="text"/> 20001-2797 |
| 5. Position in labor organization. <input type="text"/> Staff Rep. | |

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <input type="text"/> LOCKHEED MARTIN Trade Name, if any: <input type="text"/> NAVAL ELECTRONICS & SURVEILLANCE P.O. Box, Bldg., Room No., if any <input type="text"/> Bldg. 108-112 P.O. Box 1027 Street <input type="text"/> 199 Borton Landing Road City <input type="text"/> Moorestown State <input type="text"/> New Jersey ZIP Code + 4 <input type="text"/> 08057-0927 | 7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 6-9-04 - Dinner provided by Lockheed Martin during Mid-Term Contract discussion attended by Many members of management and local union reps and staff reps of IUE-CWA. Bill includes set-up and meeting room cost which totaled \$151.00 per person 7.b. Amount <input type="text"/> \$151 |

Signature

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| Signed  | On <input type="text"/> 8-12-05 | <input type="text"/> 440-382-3369 |
| | Date | Telephone Number |